

Depend on our people. Count on our advice. SM

## **REDACTED - FOR PUBLIC INSPECTION**

June 24, 2016

Marlene H. Dortch Secretary Federal Communications Commission 445 12th Street, S.W. Washington, DC 20554

ATTENTION: WIRELINE COMPETION BUREAU

RE: Form 481 ETC filing pursuant to Sections 54.313 and 54.422 SAC 351157, IA, Ellsworth Cooperative Telephone Association *Connect America Fund* WC Dockets 10-90, *11-42 and 14-58* 

Dear Secretary Dortch:

Pursuant to Sections 54.313 and 54.422 of the Commission's Rules, please accept the attached FCC Form 481 of Ellsworth Cooperative Telephone Association, IA, SAC 351157 (the "Company") for filing with the Commission.

The Company is filing the attached redacted version via ECFS.

Kindly direct any questions regarding this transmittal to the undersigned. Thank you.

Sincerely,

Pamela Hintz

Senior Telecommunications Consultant <a href="mailto:phintz@otcpas.com">phintz@otcpas.com</a> (651) 621-8535

**Enclosures** 

# FCC Form 481 - Carrier Arm The Atie TED - FOR PUBLIC INSPECTATION OF MACCONTROL No. 3060-0819 Data Collection Form

<010>	Study Area Code	351157
<015>	Study Area Name	ELLSWORTH COOP ASSN
<020>	Program Year	2017
<030>	Contact Name: Person USAC should contact with questions about this data	Pamela Hintz
<035>	Contact Telephone Number: Number of the person identified in data line <030>	6516218535 ext.
<039>	Contact Email Address: Email of the person identified in data line <030>	phintz@otcpas.com
	Form Type	54.313 and 54.422

(100) S Data C	(100) Service Quality Improvement Reporting Data Collection Form		FCC Form 481  OMB Control No. 3060-0986/OMB Control No. 3060-0819 July 2013
<010>	Study Area Code	351157	
<015>	Study Area Name	ELLSWORTH COOP ASSN	
<020>	Program Year	2017	
<030>	Contact Name - Person USAC should contact regarding this data	Pamela Hintz	
<032>	Contact Telephone Number - Number of person identified in data line <030>	6516218535 ext.	
<039>	Contact Email Address - Email Address of person identified in data line <030>	phintz@otcpas.com	
<110>	Has your company received its ETC certification from the FCC?	(yes/no)	<ul><li>O</li></ul>
<111>	If your answer to Line <110> is yes, do you have an existing \$54.202(a) "5 year plan" filed with the FCC?	(yes / no )	00
<112>	If your answer to Line <111> is yes, please file a progress report, on line <112> delineating the status of your company's existing § 54.202(a) "5 year plan" on file with the FCC, as it relates to your provision of voice telephony service.  Attach Five-Year Service Quality Improvement Plan or, in subsequent years, your annual progress report filed pursuant to 47 C. F.R. § 54.313(a)(1). If your company is a CETC which only receives frozen support, your progress report is only required to address voice telephony service.		351157ia112.pdf
	Please select the appropriate responses below (Yes, No, Not Applicable) to confirm that the attached document(s), on line 112, contains a progress report on its five-year	n year	Name of Attached Document
	service quality improvement plan paragram to 3.54.202(a). The importance is national to submitted at the wire center level or census block as appropriate.		
<113>	Maps detailing progress towards meeting plan targets		Yes
<114>	Report how much universal service (USF) support was received		Yes
<115>	How much (USF) was used to improve service quality and how support was used to improve service quality	e service quality	Yes
<116>	How much (USF) was used to improve service coverage and how support was used to improve service coverage used 10 to use used to improve service coverage.	we service coverage	Yes
<118>	frow find (USF) was used to fin prove service capacity and from support was used to improve service capacity.  Provide an explanation of network improvement targets not met in the prior calandar year.	ve service capaciiy	Yes Yes

(200) Ser Data Coll	(200) Service Outage R Data Collection Form	(200) Service Outage Reporting (Voice) Data Collection Form	(eo						FCC OM July	FCC Form 481 OMB Control No. 3060- July 2013	FCC Form 481 OMB Control No. 3060-0986/OMB Control No. 3060-0819 July 2013	). 3060-0819
<010>	Study Area Code	ode				351157						
<015>	Study Area Name	ame				ELLSWORTH COOP ASSN	OOP ASSN					
<020>	Program Year	,				2017						
<030>	Contact Name	e - Person USAC	S should contac	Contact Name - Person USAC should contact regarding this data	; data	Pamela Hintz	Z					
<032>	Contact Telep	hone Number	- Number of pe	Contact Telephone Number - Number of person identified in data line <030>	in data line <0	)30> 6516218535 ext.	ext.					
<039>	Contact Emai	l Address - Ema	il Address of pu	Contact Email Address - Email Address of person identified in data line <030>	in data line <0	030> phintz@otcpas.com	as.com					
<210>		r calendar ye	ar, were there	For the prior calendar year, were there any reportable voice service outages?	ole voice serv	rice outages?	NO					
<220>	< <b>e</b> >	b1>	<	<	<	<c1></c1>	<c2></c2>	>	<b><e>&gt;</e></b>	\$	\ \ \	<\ \
	NORS Reference Number	Outage Start Date	Outage Start Outage Start Date Time	no	no	Number of Customers Affected	Total Number of Customers	911 Facilities Affected (Yes / No)	Service Outage Description (Check all that apply)	Did This Outage Affect Multiple Study Areas (Yes / No)	Service Outage Resolution	Preventative Procedures
												_

300) Ur	(300) Unfulfilled Service Request	FCC Form 481	
Oata Co	Data Collection Form	OMB Control No. 30 July 2013	OMB Control No. 3060-0986/OMB Control No. 3060-0819 July 2013
<010>	<010> Study Area Code	351157	
<015>	> Study Area Name	ELLSWORTH COOP ASSN	
<020>	> Program Year	2017	
<030>	<030> Contact Name - Person USAC should contact regarding this data	Pamela Hintz	
<032>	Contact Telephone Number - Number of person identified in data line <030>	6516218535 ext.	
<039>	<ul> <li>Contact Email Address - Email Address of person identified in data line &lt;030&gt;</li> </ul>	phintz@otcpas.com	
<300>	<300> Unfulfilled service request (voice)	0	
<310>	<310> Detail on attempts (voice)		
	Nan	Name of Attached Document	
<320>	<320> Unfulfilled service request (broadband)	0	
<3330>	<330> Detail on atternots (broadband)		
		Name of Attached Document	

(400) Number of Complaints per 1,000 customers

Data Collection Form

FCC Form 481

OMB Control No. 3060-0986/OMB Control No. 3060-0819
July 2013

<010>	Study Area Code	351157	
<015>	Study Area Name	ELLSWORTH COOP ASSN	
<020>	Program Year	2017	
<030>	Contact Name - Person USAC should conta	act regarding this data	a Hintz
<035>	Contact Telephone Number - Number of p <030>	person identified in data line	6516218535 ext.
<039>	Contact Email Address - Email Address of <030>	person identified in data line	phintz@otcpas.com
<400>	Select from the drop-down list to indicate voice complaints (zero or greater) for voice calendar year for each service area in which any facilities you own, operate, lease, or o	e telephony service in the prior h you are designated an ETC fo	
<410>	Complaints per 1000 customers for fixed v	roice	0.0
<420>	Complaints per 1000 customers for mobile	e voice	
<430>	Select from the drop-down list to indicate end-user customer complaints (zero or gre the prior calendar year for each service ar an ETC for any facilities you own, operate,	eater) for broadband service in ea in which you are designated	
<440>	Complaints per 1000 customers for fixed b	proadband	0.0
<450>	Complaints per 1000 customers for mobile	e broadband	

	npliance With Service Quality Standards and Consumer Protection Rules ection Form		FCC Form 481 OMB Control No. 3060-0986/OMB Control No. 3060-0819 July 2013
<010>	Study Area Code	351157	
<015>	Study Area Name	ELLSWORTH COOP ASSN	_
<020>	Program Year	2017	
<030>	Contact Name - Person USAC should contact regarding this data	Pamela Hintz	
<035>	Contact Telephone Number - Number of person identified in data line <030>	6516218535 ext.	
<039>	Contact Email Address - Email Address of person identified in data line <030>	phintz@otcpas.com	
<500>	Certify compliance with applicable service quality standards and consumer pro-	otection rules Yes	
<510>	Descriptive document for Service Quality Standards & Consumer Protection Ru	351157ia510.pdf ules Compliance	

# (600) Functionality in Emergency Situations Data Collection Form REDACTED - FOR PUBLIC IN STORM CONTROL NO. 3060-0819

<010>	Study Area Code	351157
<015>	Study Area Name	ELLSWORTH COOP ASSN
<020>	Program Year	2017
<030>	Contact Name - Person USAC should contact regarding this data	Pamela Hintz
<035>	Contact Telephone Number - Number of person identified in data line <030>	6516218535 ext.
<039>	Contact Email Address - Email Address of person identified in data line <030>	phintz@otcpas.com
<600>	Certify compliance regarding ability to function in emergency situations	Yes
<610>	Descriptive document for Functionality in Emergency Situations	351157ia610.pdf

Study Ace a Code		(700) Price Offerings including Voice Rate Data Data Collection Form	ce Rate Data				FCC Form 481 OMB Control July 2013	FCC Form 481 OMB Control No. 3060-0986/OMB Control No. 3060-0819 July 2013	ontrol No. 3060-0819
ct regarding this data	Study Area Code Study Area Name				351157 ELLSWORTH C	OOP ASSN			
cerson identified in data line c030>  consideratified in data line	Program Year	1			2017				
erson identified in data line <030>    1/1/2016   Phituzalotopas.com	Vame - Person US	⋖	C should conta	ct regarding this d					
rerson identified in data line <030>    1/1/2016	Telephone Number	_	Number of p	erson identified in	data line <030>	6516218535 ext.			
Activate Type Residential Local State Subscriber Line Charge State Universal Service Fee Service Charge Service Rate Type Service Rate Type Service Rate Type Service Rate Type Service Rate Rate Rate Rate Rate Rate Rate Rat	mail Address - Em		ail Address of p	erson identified in	data line <030>	phintz@otcpas.com			
SAC (CETC) Rate Type Service Rate Service Rate Service Rate Service Charge Servic	Residential Local Service Charge Effective Date Single State-wide Residential Local Service Char		iffective Date	1/1	/2016				
SAC (CETC) Rate Type Service Rate Service Rate Service Charge Serv	<a2></a2>		<a3></a3>	 	 	<	 	<	\$
See attached worksheet	Exchange (ILEC)			Rate Type	Residential Local Service Rate	State Subscriber Line Charge	State Universal Service Fee	Mandatory Extended Area Service Charge	Total per line Rates and Fees
See attached worksheet		1							
See attached worksheet									
See attached worksheet									
See attached worksheet		- 1							
See attached worksheet		1							
See attached worksheet									
See attached worksheet									
					See at	tached worksheet			
		ď							

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(710) Bro Data Coll	(710) Broadbrand Price Offerings Data Collection Form						FCC Form 481 OMB Control N July 2013	ı 481 rol No. 3060-0986,	FCC Form 481 OMB Control No. 3060-0986/OMB Control No. 3060-0819 July 2013	)819
<010>	Study Area Code		35	351157						
<015>	Study Area Name		H	ELLSWORTH COOP ASSN	NS					
<020>	Program Year			2017						
<030>		Contact Name - Person USAC should contact regarding this data	his data	Pamela Hintz						
<032>		Contact Telephone Number - Number of person identified in data line <030>	ed in data line <030>	6516218535 ext.						
<039>	l I	Contact Email Address - Email Address of person identified in data line <030>	ed in data line <030>	phintz@otcpas.com	ш					
<711>	<a1></a1>	<a2></a2>	 b1>	<bs></bs>	<>>>	<d1></d1>	<d2></d2>	<d3></d3>	<d4>&gt;</d4>	-
	State	Exchange (ILEC)	Residential Rate	State Regulated Fees	Total Rate and Fees	Broadband Service - Download Speed (Mbps)	Broadband Service - Upload Speed (Mbps)	Usage Allowance (GB)	Usage Allowance Action Taken When Limit Reached {select}	
							-			
				- See attached	hed					
				**************************************	i					
				יים ואטו אטו ומבני						

0 000

(auc) Operating Companies  Data Collection Form		FCC Form 481 OMB Control No. 3060-0986/OMB Control No. 3060-0819 July 2013
<010> Study Area Code	351157	
	ELLSWORTH COOP ASSN	
	2017	
<030> Contact Name - Person USAC should contact regarding this data	Pamela Hintz	
<035> Contact Telephone Number - Number of person identified in data line <030>	6516218535 ext.	
<039> Contact Email Address - Email Address of person identified in data line <030>	phintz@otcpas.com	
<810> Reporting Carrier Ellsworth Coop Assn		
<pre>&lt;811&gt; Holding Company</pre>		
Operating Company		
<813> <a1></a1>	<a2></a2>	<a3></a3>
Affiliates	SAC	Doing Business As Company or Brand Designation
	_	

Data Collection Form	(200) Illinai Ealius Nepolini B	100
	ection Form	OMB Control No. 3060-0986/OMB Control No. 3060-0819 July 2013
<010>	Study Area Code	351157
V015>	Childy Area Name	ELLSWORTH COOP ASSN
<020>	Program Year	2017
9		Damala Hintz
<030>	Contact Name - Person USAL should contact regarding this data	Familiary Services
<035>	Contact Telephone Number - Number of person Identified in data line <u3u></u3u>	
<039>	Contact Email Address - Email Address of person identified in data line <030>	phintz@otcpas.com
<006>	Does the filing entity offer tribal land services? (Y/N)	No
<910>	Tribal Land(s) on which ETC Serves	
<920>	Tribal Government Engagement Obligation	
		Name of Attached Document
If your co	If your company serves Tribal lands, please select (Yes,No, NA) for each these boxes to confirm the status described on the attached document(s), on line 920.	
demonst	demonstrates coordination with the Tribal government pursuant to	Select
§ 54.313	§ 54.313(a)(9) includes:	Yes or No or Not Applicable
<921>	Needs assessment and deployment planning with a focus on Tribal	
<925>	community anchor institutions. Feasibility and sustainability planning;	
<923>	Marketing services in a culturally sensitive manner;	
<924>	Compliance with Rights of way processes	
<925>	Compliance with Land Use permitting requirements	
<926>	Compliance with Facilities Siting rules	
<927>	Compliance with Environmental Review processes	
<928>	Compliance with Cultural Preservation review processes	
<929>	Compliance with Tribal Business and Licensing requirements.	

(1000) V Data Col	(1000) Voice and Broadband Service Rate Comparability Data Collection Form	FCC Form 481  OMB Control No. 3060-0986/OMB Control No. 3060-0819
<010>	Study Area Code	351157
<015>	Study Area Name	ELLSWORTH COOP ASSN
<020>		2017
<030>	Contact Name - Person USAC should contact regarding this data	Pamela Hintz
<035>	Contact Telephone Number - Number of person identified in data line <030>	6516218535 ext.
<039>	Contact Email Address - Email Address of person identified in data line <030>	phintz@otcpas.com
<1000>	Voice services rate comparability certification	ro
<1010>	Attach detailed description for voice services rate comparability compliance	351157ia1010.pdf
		Name of Attached Document
<1020>	Broadband comparability certification	Yes - Pricing is no more than the most recent applicable benchmark announced by the Wireline Competition Bureau
<1030>	Attach detailed description for broadband comparability compliance	351157ia1030.pdf
		Name of Attached Document

10000		
Data Co	(LLUU) NO Terrestrial Backnaul Reporting Data Collection Form	FCC Form 481 OMB Control No. 3060-0986/OMB Control No. 3060-0819 July 2013
<010>	· Study Area Code	57
<015>	Study Area Name	ELLSWORTH COOP ASSN
<020>	Program Year 2017	
<030>	Contact Name - Person USAC should contact regarding this data	Pamela Hintz
<032>	Contact Telephone Number - Number of person identified in data line <030>	6516218535 ext.
<039>	Contact Email Address - Email Address of person identified in data line <030>	phintz@otcpas.com
<1100>	Certify whether terrestrial backhaul options exist (Y/N)	Y ess
<1130	<1130> Please select the appropriate response (Yes, No, Not Applicable) to confirm the reporting carrier offers broadband service of at least 1 Mbps downstream and 256 kbps upstream within the supported area pursuant to § 54.313(g).	

(1200) T	(1200) Terms and Condition for Lifeline Customers	FCC Form 481
Lifeline Data Col	Lifeline Data Collection Form	OMB Control No. 3060-0986/OMB Control No. 3060-0819 July 2013
<010>	Study Area Code	251
<015>	Study Area Name	ELLSWORTH COOP ASSN
<020>		
<030>	e- Person USAC should contact regarding this data	Pamela Hintz
<032>	Contact Telephone Number - Number of person identified in data line <030> 6516	6516218535 ext.
<039>	Contact Email Address - Email Address of person identified in data line <030> phil	phintz@otcpas.com
	351157	351157ia1210.pdf
<1210>	<1210> Terms & Conditions of Voice Telephony Lifeline Plans	
		Name of Attached Document
<1220>	Link to Public Website	
"Please check th or the website li § 54.422(a)(2) a annually report:	"Please check these boxes below to confirm that the attached document(s), on line 1210, or the website listed, on line 1220, contains the required information pursuant to § 54.422(a)(2) annual reporting for ETCs receiving low-income support, carriers must annually report:	
<1221>	Information describing the terms and conditions of any voice	
<1222>	Details on the number of minutes provided as part of the plan,	
<1223>	Additional charges for toll calls, and rates for each such plan.	

(2000) Price C	(2000) Price Cap Carrier Additional Documentation		FCC Form 481	31
Data Collection Form	in Form		OMB Contro	OMB Control No. 3060-0986/OMB Control No. 3060-0819
Including Rate	Including Rate-of-Return Carriers affiliated with Price Cap Local Exchange Carriers		July 2013	
<010> Stuc	Study Area Code	351157		
	Study Area Name	ELLSWORTH COOP ASSN		
<020> Prog	Program Year	2017		
<030> Con	Contact Name - Person USAC should contact regarding this data	Pamela Hintz		
<035> Con	Contact Telephone Number - Number of person identified in data line <030>	6516218535 ext.		
<039> Con	Contact Email Address - Email Address of person identified in data line <030>	phintz@otcpas.com		
Select the a	Select the appropriate responses below (Yes, No, Not Applicable) to note compliance as a recipient of Incremental High Cost support, High Cost support to offset access charand connect America Phase II support as set forth in 47 CFR § 54.313(b),(c),(d),(e). The information reported on this form and in the documents attached below is accurate.	compliance as a recipien (c),(d),(e). The informatio	to note compliance as a recipient of Incremental High Cost support, High Cost support to offset access charge reductions, (313(b),(c),(d),(e). The information reported on this form and in the documents attached below is accurate.	pport to offset access charge reductions, ttached below is accurate.
Inc	Incremental Connect America Phase I reporting			
<2010>	2nd Year Certification 47 CFR § 54.313(b)(1)(i) - Note that for the June 2016 configuration this results to Bound 3 recipions of Incommental	Note that for the July 1		
	Support			
<2011>	3rd Year Certification 47 CFR § 54.313(b)(1)(ii) - Note that for the July 1 2016 certification, this applies to Round 1 recipients of Incremental	that for the July 1 of Incremental		
	Support			
<2022>	Recipient certifies, representing year two after filing a notice of acceptance of funding pursuant to 54.312(c), that the locations in question are not receiving support under the Broadband Initiatives Program or the Broadband Technology Opportunities Program for projects that will provide broadband with speeds of at least 4	filing a notice of nat the locations in roadband Initiatives unities Program for ds of at least 4		
	Mbps/1Mbps - 54.313(b)(2)(i). Round 2 recipients only.	ا⁄ح.		
<2023>	The attachment on line 2024 includes a statement of the total amount of capital funding expended in the previous year in meeting Connect America Phase I deployment obligations, accompanied by a list of census blocks indicating where funding was spent. This covers year two	the total amount of ting Connect d by a list of census rs year two -		
<2024A>	54.515(9/(4/)m). Notified 2 recipients only. Round 2 Recipient of Incremental Support?			
<2024B>	Attach list of census blocks indicating where funding was spent in year two - 54.313(b)(2)(ii). Round 2 recipients only.	was spent in year	Name of Attached Document Listing Required Information	
<2025A>	Round 1 or Round 2 Recipient of Incremental Support?	ç <del>.</del> :		
<2025B>	Attach geocoded Information for Phase I milestone reports (Round 1 for year three and Round 2 for year two) - Connect America Fund , WC Docket 10-90, Report and Order, FCC 13-	ports (Round 1 for ica Fund , WC	Name of Attached Document Listing Required Information	
<2015>	2016 and future Frozen Support Certification 47 CFR § 54.313(c)(4)	§ 54.313(c)(4)		

FCC Form 481 OMB Control No. 3060-0986/OMB Control No. 3060-0819 July 2013	R	Name of Attached Document Listing Required Information	Name of Attached Document Listing Required Information	SLIC INSPECT	TION			
(2000) Price Cap Carrier Additional Documentation (Continued)  Data Collection Form  Including Rate-of-Return Carriers affiliated with Price Cap Local Exchange Carriers	Price Cap Carrier Connect America ICC Support {47 CFR § 54.313(d)} <2016> Certification support used to build broadband Connect America Phase II Reporting {47 CFR § 54.313(e)} <2017A> Connect America Fund Phase II recipient?	<2017B> Attach information for Phase II - 54.313(e)(1) - list of geocoded locations already meeting the 54.309 public interest obligations at the end of calendar year 2015 and total amount of Phase II support, if any, the price	cap carrier used for capital expenditures in 2015. <2018> Attach the number, names, and addresses of community anchor institutions to which the carrier newly began providing access to broadband service in the preceding calendar year - 54.313(e)(2)(ii)	Recipient certifies that it bid on category one telecommunications and Internet access services in response to all FCC Form 470 postings seeking broadband service that meets the connectivity targets for the schools and libraries universal service support program for eligible schools and libraries located within any area in a census block where the carrier is receiving Phase II model-based support, and that such bids were at rates reasonably comparable to rates charged to eligible schools and libraries in	urban areas for comparable offerings - 54.313(e)(z)(v) <2020> Recipient certifies that it offered broadband meeting the requisite public interest obligations specified in §54.309 to 40% of its supported locations in the state on December 31, 2017 - 54.313(e)(3)	<2021> Recipient certifies that it offered broadband meeting the requisite public interest obligations specified in §54.309 to 60% of its supported locations in the state on December 31, 2018 - 54.313(e)(4)	<2026> Recipient certifies that it offered broadband meeting the requisite public interest obligations specified in §54.309 to 80% of its supported locations in the state on December 31, 2019 - 54.313(e)(5) <2027> Recipient certifies that it offered broadband meeting the requisite public	interest obligations specified in §54.309 to 100% of its supported locations

<010>	Study Area Code	351157
<015>	Study Area Name	ELLSWORTH COOP ASSN
<020>	Program Year	2017
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<035>	Contact Telephone Number - Number of person identified in data line <030>	6516218535 ext.
<039>	Contact Email Address - Email Address of person identified in data line <030>	phintz@otcpas.com

Complete the items below to note compliance with five year service quality plan (pursuant to 47 CFR § 54.202(a)) and, for privately held carriers, ensuring compliance with the financial reporting requirements set forth in 47 CFR § 54.313(f)(2). I further certify that the information reported on this form and in the documents attached below is accurate.

	Progress Report on 5 Year Plan				
(3009)	Carrier certifies to 54.313(f)(1)(iii)				
(3010A)	Milestone Certification {47 CFR § 54.313(f)(1)(i)}	3	es - Attach Certifica	ation	
(3010B)	Please Provide Attachment	Name of Attached Doc	ument Listing Required		
(3012A)	Community Anchor Institutions {47 CFR § 54.313(f)(1)(ii)}	No - No New Community	Anchors		
(3012B)	Please Provide Attachment	Name of Attached Doc Information	ument Listing Required		
(3013)	Is your company a Privately Held ROR Carrier {47 CFR § 54.313(f)(2)}	(Yes/No)	<b>o</b> 0		
(3014)	If yes, does your company file the RUS annual report	(Yes/No)	• 0		
(3015)	Please check these boxes to confirm that the attached PDF, on line 3017, contains the required information pursuant to § 54.313(f)(2) compliance requires:  Electronic copy of their annual RUS reports				
(3013)	(Operating Report for Telecommunications Borrowers)				
(3016)	Document(s) with Balance Sheet, Income Statement and Statement of Cash Flows		_ <del>/</del> _	351157ia3017.pdf	
(3017)	If the response is yes on line 3014, attach your company's RUS annual report and all required documentation	Name of Attached Doc Information	ument Listing Required		
(3018)	If the response is no on line 3014, is your company audited? If the response is yes on line 3018, please check the boxes below to confirm your submission on line	(Yes/No)	0 0		
(3019)	3026 pursuant to § 54.313(f)(2), contains: Either a copy of their audited financial statement; or (2) a financial report in a format comparable to RUS Operating Report for Telecommunications Borrowers Document(s) for Balance Sheet, Income Statement and Statement of Cash Flows				
(3021)	Management letter and/or audit opinion issued by the independent certified public accountant that performed the company's financial audit. If the response is no on line 3018, please check the boxes below to confirm your submission on line 3026 pursuant to § 54.313(f)(2), contains:				
(3022)	Copy of their financial statement which has been subject to review by an independent certified public accountant; or 2) a financial report in a format comparable to RUS Operating Report for Telecommunications Borrowers				
(3023)	Underlying information subjected to a review by an independent certified public accountant				
(3024)	Underlying information subjected to an officer certification.				
(3025)	Document(s) for Balance Sheet, Income Statement and Statement of Cash Flows				
(3026)	Attach the worksheet listing required information	Name of Attached Docu Information	ument Listing Required		

(3005) Rate Of Return Carrier Additional Documentation (Continued)	FCC Form 481 OMR Control No. 3060-0886/DMR Control No. 3060-0819	ontrol No. 3060-0819
Data Collection Form	July 2013	
<010> Study Area Code	351157	
Chindren Name Manage	Mook good machoria	

	ELLSWORTH COOP ASSN		Hintz	)535 ext.	Not com
351157	ELLSWOR	2017	Pamela Hintz	line <030> 6516218	line <030> phintz@
:010> Study Area Code	Study Area Name	Program Year	:030> Contact Name - Person USAC should contact regarding this data	:035> Contact Telephone Number - Number of person identified in data line <030> 6516218535 ext.	Contact Email Address - Email Address of person identified in data line <030> phintz@otcoas.com
<010>	<015>	<020>	<030>	<032>	<039>





(3030) Telephone Plant In Service(TPIS)

(3031) Total Assets

(3033) Total Equity (3032) Total Debt

(3034) Dividends

(3028) Operating Expenses

(3029) Net Income

Financial Data Summary

(3027) Revenue

July 2013

<010>	Study Area Code	351157
<015>	Study Area Name	ELLSWORTH COOP ASSN
<020>	Program Year	2017
<030>	Contact Name - Person USAC should contact regarding this data	Pamela Hintz
<035>	Contact Telephone Number - Number of person identified in data lir	ne <030> 6516218535 ext.
<039>	Contact Email Address - Email Address of person identified in data li	ne <030> phintz@otcpas.com

#### 4005 Rural Broadband Experiment

Authorized Rural Broadband Experiment (RBE) recipients must address the certification for public interest obligations, provide a list of newly served community anchor institutions, and provide a list of locations where broadband has been deployed.

#### Public Interest Obligations - FCC 14-98 (paragraphs 26-29, 78)

Please address Line 4001 regarding compliance with the Commission's public interest obligations. All RBE participants must provide a response to Line 4001.

**4001**. Recipient certifies that it is offering broadband to the identified locations meeting the requisite public interest obligations consistent with the category for which they were selected, including broadband speed, latency, usage capacity, and rates that are reasonably comparable to rates for comparable offerings in urban areas?

#### Community Anchor Institutions - FCC 14-98 (paragraph 79)

**4003a**. RBE participants must provide the number, names, and addresses of community anchor institutions to which they newly deployed broadband service in the preceding calendar year. On this line, please respond (yes – attach new community anchors, no – no new anchors) to indicate whether this list will be provided.

#### If yes to 4003A, please provide a response for 4003B.

relevant geographic area.

il yes to 4003A, piease provide a response for 4003	ь.
<b>4003b.</b> Provide the number, names and addresses of community anchor institutions to which the recipient newly began providing access to broadband service in the preceding calendar year.	Name of Attached Document Listing Required Information
Broadband Deployment Locations – FCC 14-98 (par	agraph 80)
<b>4004a</b> . Attach a list of geocoded locations to which broadband has been deployed as of the June 1st immediately preceding the July 1st filing deadline for the FCC Form 481.	Name of Attached Document Listing Required Information
<b>4004b</b> . Attach evidence demonstrating that the recipient is meeting the relevant public service obligations for the identified locations. Materials must at least detail the pricing, offered broadband speed and data usage allowances available in the	Name of Attached Document Listing Required Information

	ion - Reporting Carrier ection Form	FCC Form 481 OMB Control No. 3060-0986/OMB Control No. 3060-0819 July 2013
<010>	Study Area Code	351157
<015>	Study Area Name	ELLSWORTH COOP ASSN
<020>	Program Year	2017
<030>	Contact Name - Person USAC should contact regarding this data	Pamela Hintz
<035>	Contact Telephone Number - Number of person identified in data line <030>	6516218535 ext.
<039>	Contact Email Address - Email Address of person identified in data line <030>	phintz@otcpas.com

#### TO BE COMPLETED BY THE REPORTING CARRIER, IF THE REPORTING CARRIER IS FILING ANNUAL REPORTING ON ITS OWN BEHALF:

Certification of Officer as to	the Accuracy of the Data Reported for the Annual Reporting for CAF or LI Recipients
,	ponsibilities include ensuring the accuracy of the annual reporting requirements for universal service support on reported on this form and in any attachments is accurate.
Name of Reporting Carrier:	
Signature of Authorized Officer:	Date
Printed name of Authorized Officer:	
Title or position of Authorized Officer:	
Telephone number of Authorized Officer:	
Study Area Code of Reporting Carrier:	Filing Due Date for this form:
Persons willfully making false statements on this form ca	n be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. § 1001.

	ion - Agent / Carrier ection Form	FCC Form OMB Cor July 2013	ntrol No. 3060-0986/OMB Control No. 3060-0819
<010>	Study Area Code	351157	
<015>	Study Area Name	ELLSWORTH COOP ASSN	
<020>	Program Year	2017	
<030>	Contact Name - Person USAC should contact regarding this data	Pamela Hintz	
<035>	Contact Telephone Number - Number of person identified in data line <030>	6516218535 ext.	
<039>	Contact Email Address - Email Address of person identified in data line <030>	phintz@otcpas.com	

#### TO BE COMPLETED BY THE REPORTING CARRIER, IF AN AGENT IS FILING ANNUAL REPORTS ON THE CARRIER'S BEHALF:

Certification of Officer to Authorize an Agent to File Annual Reports for CAF or LI Recipients on Behalf of Reporting Carrier				
I certify that (Name of Agent) <u>Olsen Thielen</u> also certify that I am an officer of the reporting carrier; my respons agent; and, to the best of my knowledge, the reports and data prov	is authorized to submit the information reported on behalf of the reporting carrier. I sibilities include ensuring the accuracy of the annual data reporting requirements provided to the authorized yided to the authorized agent is accurate.			
Name of Authorized Agent: Olsen Thielen				
Name of Reporting Carrier: ELLSWORTH COOP ASSN				
Signature of Authorized Officer: CERTIFIED ONLINE	Date: 06/16/2016			
Printed name of Authorized Officer: Joshua Angove				
Title or position of Authorized Officer: Manager				
Telephone number of Authorized Officer: 5158364431 ext.				
Study Area Code of Reporting Carrier: 351157	Filing Due Date for this form: 07/01/2016			
, ,	ned by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment Title 18 of the United States Code, 18 U.S.C. § 1001.			

#### TO BE COMPLETED BY THE AUTHORIZED AGENT:

Cortification of Agent Authorized to File Annual Pene	ts for CAF or LI Recipients on Behalf of Reporting Carrier			
Certification of Agent Authorized to File Annual Repor	ts for CAP of El Recipients on Benan of Reporting Carrier			
I, as agent for the reporting carrier, certify that I am authorized to submit the annual reports for universal service support recipients on behalf of the reporting carrier; I have provided the data reported herein based on data provided by the reporting carrier; and, to the best of my knowledge, the information reported herein is accurate.				
Name of Reporting Carrier: ELLSWORTH COOP ASSN				
Name of Authorized Agent Firm: Olsen Thielen				
Signature of Authorized Agent or Employee of Agent: CERTIFIED ONLINE	Date: 06/16/2016			
Name of Authorized Agent Employee: Tom Campbell				
Title or position of Authorized Agent or Employee of Agent Consultant				
Telephone number of Authorized Agent or Employee of Agent: 6516218511 ext.				
Study Area Code of Reporting Carrier: 351157 Filing Due Date	for this form: 07/01/2016			
, ,	er the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment under Title Code, 18 U.S.C. § 1001.			

Attachments

Contact Name - Person USAC should contact regarding this data Contact Telephone Number - Number of person identified in data li Contact Email Address - Email Address of person identified in data li	ne <03(	2017  Pamela Hintz  Pamela Hintz  P 6516218535 ext.  P phintz@otcpas.com	351157 ELLSWORTH COOP ASSN 2017 Pamela Hintz 6516218535 ext. phintz@otcpas.com		
ta line ta line 1/1	03(		COP ASSN  22  ext.  pas.com		
(93)	<del>\$</del>	\$\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\	\$5	\$4¢>	
Exchange (ILEC) SAC (CETC)	96	Residential Local Service Rate	State Subscriber Line Charge	State Universal Service Fee	Mandatory Extended Area Service Charge
		16.0	0.0	0.0	0.0
City	MS	16.0	0.0	0.0	0.0

	rea Code						July 2013	
				351157				
<015> Study Ar	Study Area Name			ELLSWORTH COOP ASSN	ASSN			
<020> Program Year	ı Year			2017				
<030> Contact	Contact Name - Person USAC should contact regarding this data	ıld contact regarding	this data	Pamela Hintz				
<035> Contact	Contact Telephone Number - Number of person identified in data line <030>	iber of person identii	fied in data line <030:	> 6516218535 ext.				
<039> Contact	Contact Email Address - Email Address of person identified in data line <030>	iress of person identi	fied in data line <030	> phintz@otcpas.com	mog			
<711>	<a><a><a><a><a><a><a><a><a><a><a><a><a>&lt;</a></a></a></a></a></a></a></a></a></a></a></a></a>	<hr/> th1>	 		<0°	<d>&gt; &lt; d &lt; 3 &lt; &lt; &gt; &lt; &lt; &gt; &lt; &lt; &gt; &lt; &lt; &gt; &lt; &lt; &lt; &gt; &lt; &lt; &lt; &gt; &lt; &lt; &lt; &gt; &lt; &lt; &lt; &gt; &lt;</d>		<dq4></dq4>
	Exchan	Residential Rate	State Regulated Fees	Total Rate	Broadband Service - Download Speed (Mbps)	Broadband Servic -Upload Speed (N	Usage Allowance (GB)	Usage Allowance Action Taken When Limit Reached {select}
IA	Ellsworth	45.0	0.0	45.0	10.0	10.0	0.666666	Other, No limit on usage allowance
AI	Garden City	45.0	0.0	45.0	10.0	10.0	0.666666	Other, No limit on usage allowance

## ELLSWORTH COOPERATIVE TELEPHONE ASSOCIATION (SAC 351157) FCC FORM 481 PROGRESS REPORT ON SERVICE QUALITY IMPROVEMENT PLAN

### LINE 112 – FIVE YEAR PLAN OR PROGRESS REPORT

## LINE 113 – MAPS DETAILING PROGRESS TOWARDS MEETING PLAN TARGETS

<sup>&</sup>lt;sup>1</sup> Pursuant to Section 54.313(a) of the Commission's Rules "States that desire eligible telecommunications carriers to receive support pursuant to the high-cost program must file an annual certification with the Administrator and the Commission stating that all federal high-cost support provided to such carriers within that State was used in the preceding calendar year and will be used in the coming calendar year only for the provision, maintenance, and upgrading of facilities and services for which the support is intended."

## LINE 114 thru 117 UNIVERSAL SERVICE

The Company Has Used and Will Use Universal Service Support Only for the Intended Purposes

<sup>2 47</sup> U.S.C. § 254(e)

<sup>3 47</sup> C.F.R. § 54.314(b)

<sup>4</sup> See USF/ICC Transformation Order at Para. 612.

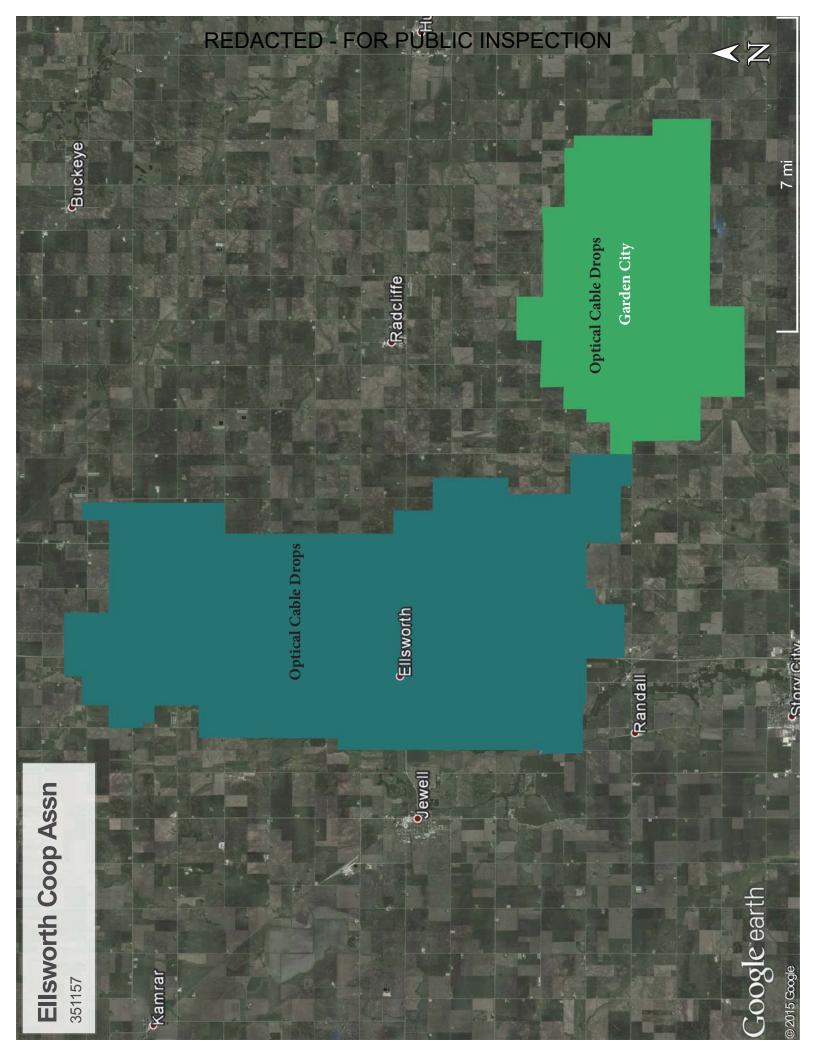
<sup>5</sup> *Id*.





# ELLSWORTH COOPERATIVE TELEPHONE ASSOCIATION (SAC 351157) FCC FORM 481 - PROGRESS REPORT ON SERVICE QUALITY IMPROVEMENT PLAN

ATTACHMENT A



# REDACTED - FOR PUBLIC INSPECTION Page 1 of 2

SAC: 351157 State: IA

Ellsworth Coop Assn

Form 481 Line No. 510 Compliance with Service Quality Standards and Consumer Protection

- 1. Ellsworth Coop Assn (Company) will provide service on a timely basis to requesting customers within the Company's designated service area where the Company's network already passes the potential customers premises, and
- 2. The Company will provide service, within a reasonable period of time, if the potential customer is within the Company's designated service area but outside the Company's existing network coverage, if the service can be provided at reasonable cost by:
  - a. Modifying or replacing the requesting customers equipment.
  - b. Adjusting network or customer facilities.

### 3. Service Quality Standards

### The Company:

- Provides voice grade access to the public switched network.
- Provides flat rated local exchange service with no addition charge to end users.
- Provides access to the emergency services provided by local government or other public safety organization, such as 911 and enhanced 911.
- Provides toll blocking and toll limitation services.
- Maintains a business office providing customers with access to a customer service representative either in person or via a local telephone call or toll-free telephone number during normal business hours.
- Directs after hour calls to the Company's help desk.
- Directs trouble reports to the on-call technician.
- Tracks all service orders to ensure they are completed in a timely manner.
- Measures its service connection and service interruption performance on a regular basis.
- Trains employees to:
  - Answer all incoming calls promptly.
  - Respond to all inquiries for information promptly and courteously.
  - Investigate thoroughly all customer complaints.
  - Be knowledgeable about products and service offerings so they can assist the customer with selecting the best service option.
- Has a process for periodic inspection, testing and preventive maintenance of its equipment to permit the rendering of safe, adequate and continuous service at all times.

# REDACTED - FOR PUBLIC INSPECTION Page 2 of 2

SAC: 351157 State: IA

Ellsworth Coop Assn

Form 481 Line No. 510 Compliance with Service Quality Standards and Consumer Protection

## 4. Consumer Protection Rules

The Company has established operating procedures designed to facilitate compliance with applicable consumer protection rules which include compliance with the Customer Proprietary Network Information (CPNI) rules. The operating procedures include:

- Appointment of a compliance officer.
- A manual detailing the specific procedures for protecting consumer information.
- Employee training on an annual basis.
- A disciplinary process for improper use of consumer information.

Page 1 of 1

SAC: 351157 State: IA

Ellsworth Coop Assn

Form 481 Line No. 610 Description of Functionality in Emergency Situations

#### Ellsworth Coop Assn has:

- Established reasonable provisions to meet emergencies resulting from failures of lighting or power service, sudden and prolonged increases in traffic, or from fire, storm, or acts of God including provisions for emergency power that provide:
  - o A minimum of four hours of battery service in each central office.
  - o A permanently installed power unit in exchanges, or
  - Mobile power units that can be delivered on short notice and which can be readily.
     connected in offices without installed emergency power facilities.
- Informed employees as to the procedures to be followed, including reasonable rerouting of traffic around damaged facilities and the deployment of emergency power, in the event of emergency in order to prevent or mitigate interruption or impairment of telecommunications service.

Page 1 of 1

SAC: 351157 State: IA

Ellsworth Coop Assn

Form 481 Line No. 1010 Descriptive document for Voice Services Rate Comparability

Line 1010 – Description of Voice Services Rate Comparability: Provide a detailed description of how your pricing of fixed voice services is no more than two standard deviations above the applicable national average urban rate for voice service, as published annually by the Wireline Competition Bureau, as required in 47 C.F.R. § 54.313(a)(10).

On April 5, 2016 the Wireline Competition Bureau announced results of the Urban Rate Survey for Voice Services as part of FCC Public Notice DA 16-362. Referenced in this public notice are the results required to meet the rate comparability as noted:

"Based on the survey results, the reasonable comparability benchmark for voice services is \$41.07.3

<sup>3</sup> Id. at 17694, para. 84."

As required Ellsworth Coop Assn hereby certifies that its current fixed voice services for residential subscribers as defined in the USF/ICC Transformation Order is below \$41.07.

SAC: 351157 State: IA

Ellsworth Coop Assn

Form 481 Line No. 1030 Descriptive document for Broadband Service Rate Comparability

Line 1030 – Description of Broadband Service Rate Comparability: Provide a detailed description of how your pricing of a Broadband service meeting the Commission's Public Interest Obligations is no more than the applicable benchmark, as published annually by the Wireline Competition Bureau, pursuant to 47 C.F.R. § 54.313(a)(12).

On April 5, 2016 the Wireline Competition Bureau announced the results of the Urban Rate Survey for Broadband Service as part of FCC Public Notice DA 16-362. Referenced in this public notice are the results required to meet the rate comparability as noted:

"Based on the survey results, the reasonable comparability benchmark calculations for broadband services can be calculated at <a href="http://www.fcc.gov/encyclopedia/urban=rate-survey-data">http://www.fcc.gov/encyclopedia/urban=rate-survey-data</a>."

As required Ellsworth Coop Assn hereby certifies that it offers a Broadband service to residential subscribers at pricing that is no more than the applicable benchmark rate.

SAC: 3351157 State: IA

Ellsworth Coop Assn

Form 481 Line No. 1210 Lifeline Plans Terms and Conditions

#### **Lifeline Terms and Conditions**

1. Ellsworth Coop Assn (Company) offers lifeline program-supported service to qualified low-income residential consumers for one telephone line per eligible household. The lifeline program provides discounts to eligible low-income consumers to help them establish and maintain telephone service. Lifeline assistance lowers the cost of basic, monthly local telephone service. Eligible consumers can receive \$9.25 per month in discounts. In addition, the Federal Universal Service Charge is not assessed to consumers participating in Lifeline. Toll Blocking prevents the placement of all long distance calls for which a subscriber would be charged. Toll Blocking is available to eligible consumers at no cost. Also, by choosing the option, consumers are usually not charged a deposit.

# **Lifeline Program Eligibility Information**

# **Program Based Eligibility**

Consumers are eligible for Lifeline if they, one of their dependents or their household participate in one of the following qualifying assistance programs:

Low Income Home Energy Assistance Program (LIHEAP)

Federal Public Housing Assistance (Section 8)

Supplemental Nutrition Assistance Program (SNAP)

Medicaid

National School Lunch Program (NSLP) and receives lunch through the program

Supplemental Security Income (SSI)

Temporary Assistance for Needy Families (TANF)

Lifeline applicant must present documentation demonstrating eligibility either through participation in one of the qualifying federal assistance programs or through income-based means.

Acceptable documentation of program-based eligibility includes: current or prior year's statement of benefits from a qualifying program; notice letter of participation in a qualifying program; program participation documents; or another official document evidencing the consumer's participation in a qualifying program.

#### **Income Based Eligibility**

In addition, consumers are eligible for Lifeline if their household income is at or below 135% of the federal poverty guidelines.

2015 Federal Poverty Guidelines - 135%

Household Size	 48 Contiguous States and D.C.
1	\$ 15,890
2	21,506
3	27,122
4	32,738
5	38,354
6	43,970
7	49,586
8	55,202
For Each Additional Person, Add	5,616

Acceptable documentation of income eligibility includes: prior year's state, federal or Tribal tax return; current income statement from an employer or paycheck stub; social security statement of benefits; Veterans Administration statement of benefits; retirement/pension statement of benefits; unemployment/workmen's compensation statement of benefits; federal or Tribal notice of letter participating in General Assistance; or a divorce decree or child support award or other official document containing income information.

Page 2 of 2

SAC: 3351157 State: IA

Ellsworth Coop Assn

Form 481 Line No. 1210 Lifeline Plans Terms and Conditions

# **Lifeline Terms and Conditions (Continued)**

#### **Lifeline Program Eligibility Information (Continued)**

# **Recertification of Lifeline Eligibility**

Lifeline recipients are required to recertify their eligibility annually. Failure to properly recertify a recipient's continued eligibility for the Lifeline program will result in termination of the Lifeline recipient's monthly Lifeline discount and de-enrollment from the Lifeline Program.

# Additional Lifeline Program Information

The Lifeline program is limited to one benefit per household, consisting of either wireline or wireless service. A household is defined, for purposes of the Lifeline Program, as an individual or group of individuals who live together at the same address and share income and expenses. Lifeline is government benefit program, and consumers who willfully make false statements in order to obtain the benefit can be punished by fine or imprisonment or can be barred from the program.

- 2. The Local services for (Company) that serve as its Lifeline Plans are in Compliance with the Essential telecommunications service as specified in North Dakota Chapter 49-21 4.c as follows:
  - C. Primary flat rate residence basic telephone service including the following service elements:
    - 1) Billing and collecting of the telecommunications company's charges for the service
    - 2) Primary directory listing
    - 3) Access to assistance
    - 4) Access to emergency 911 service and emergency operator assistance in the local exchange areas in which emergency 911 service is not available
    - 5) Except as provided in section 49-02-01.1, mandatory, flat-rate extended area service to designated nearby local exchange areas.
    - 6) Transmission service necessary for the connection between the end user's premises and the local exchange central office switch including a trunk connection that has inward dialing and necessary signaling service such as touchtone used by end users for service.
- 3. The Company's flat rate plans include unlimited local exchange calling including usage to designated nearby local exchange areas. The flat rate plans do not include any toll usage. The rates for any toll usage are determined by the rate plans of the Toll Provider(s) that are selected by lifeline end users.
- 4. The Company has met and will meet the requirements of eligible telecommunications carrier advertising. This includes:
  - a. A full description of available services in the Company's Official telephone directory, including the process to be used by customers to quality for lifeline and link-up service.
  - b. Advertising of the available universal service in media of general circulation in the Company's designated service area. Availability may be advertised in newspapers, company newsletters, company or civic internet sites, bill stuffer, direct mailings, or other means intended to convey availability throughout the designated service area.
- The specific Company terms and conditions for the Companies Lifeline Plans are set forth in pages included in Exhibit 1, attached.

Exhibit 1

SAC: 3351157 State: IA

Ellsworth Coop Assn

Form 481 Line No. 1210 Lifeline Plans Terms and Conditions

INLUAG			OIIOIN		
Ellsworth Cooperative	SERVICES CATALO	)G		PART	I٧
Telephone Association		Revised	Sheet No	31	
·	Cancels		Sheet No.		
Filed with Board	_				
	LOCAL EXCHANGE SE	RVICE			

# A. GENERAL

Central Office Access Lines extend between the central office equipment of the Company and the demarcation point located on the premises of the customer. Rates for Central Office Access Lines are shown in paragraph B. below. The rates and charges contained herein are in addition to all other applicable rates and charges located in other parts of this tariff.

# B. RATES

**EXCHANGE NAME: Ellsworth** 

Includes Extended Area Service To: Garden City, Jewell, Radcliffe

All applicable rates below apply.

		,	Monthly Rate
1.	<b>CENTRAL OF</b>	FICE ACCESS LINE	
		HE BASE RATE AREA ESS SERVICE	
	_	ridual Line	\$16.00
		System Line	
	ricy	Oystem Line	Ψ10.00
	RESID	ENCE SERVICE	
	Indiv	ridual Line	\$16.00
	b. OUTSIDE	THE BASE RATE AREA	
	BUSIN	ESS SERVICE	
	Rura	al Individual Line	\$16.00
	Kev	System Line	\$16.00
	,	,	,
	RESID	ENCE SERVICE	
	Rura	al Individual Line	\$16.00
			•

* - Rates are available to customers at the Company's office, website or by mail.				
ISSUED: _	November 1, 2014	EFFECTIVE:	December 1, 2014	
	Date		Date	
BY:	Josh Angove	Manager	Ellsworth, Iowa 50075	
	Name	Title	Address	

		REDACTE Cooperative e Association	SERVIC	PUBLIC ES CATALOG R Cancels	i		PART IV 32
File	ed with	Board		HANGE SER	/ICE	enectite.	
B.	RAT	ES (Continued)				N	Monthly
	2.	PAY TELEPHONE SER a. PAY CENTRAL O	_	SS LINE		Ş	<u>Rate</u> \$16.00
C.	CON	IDITIONS					
	1.	Mileage rates may app outside the base rate ar		office access	lines for indiv	idual service	es furnished
D.	EXC	HANGE SERVICE ARE	A				
	1.	The Base Rate Area is	the city limits	of Ellsworth, Id	owa.		
	2.	The Exchange Service this office for inspection				vn on a map	available in
	3.	Pay Telephone Service FLEX ANI. Flexible A class of service of the associated with the te from. When a special applied.	NI provides phone you a lephone and	"II" (identifica are calling from d is the direct	tion indicator)  a. ANI is the b  number from	digits that oilled telepho where you	identify the one number are calling
* -	Rates	are available to custom	ers at the Co	ompany's offic	e, website or b	y mail.	
ISS	SUED:	November 1, 20 Date	14	EFFECTIVE:	Dece	ember 1, 20 Date	14

Josh AngoveManagerEllsworth, Iowa 50075NameTitleAddress

BY: \_

Ellsworth Cooperative SERVICES CATALOG PART IV
Telephone Association Revised Sheet No. 33
Cancels Sheet No. Sheet No

# LOCAL EXCHANGE SERVICE

# A. GENERAL

Central Office Access Lines extend between the central office equipment of the Company and the demarcation point located on the premises of the customer. Rates for Central Office Access Lines are shown in paragraph B. below. The rates and charges contained herein are in addition to all other applicable rates and charges located in other parts of this tariff.

#### B. RATES

**EXCHANGE NAME: Garden City** 

Includes Extended Area Service To: Ellsworth, Radcliffe, Hubbard

All applicable rates below apply.

			Monthly Rate
1.	CE	NTRAL OFFICE ACCESS LINE	
	a.	WITHIN THE BASE RATE AREA	
		BUSINESS SERVICE	<b>#</b> 40.00
		Individual Line	\$16.00
		Key System Line	\$16.00
		RESIDENCE SERVICE	
		Individual Line	\$16.00
	b.	OUTSIDE THE BASE RATE AREA	
		BUSINESS SERVICE	
		Rural Individual Line	\$16.00
		Key System Line	\$16.00
		• •	
		RESIDENCE SERVICE	
		Rural Individual Line	\$16.00

* - Rates are available to customers at the Company's office, website or by mail.			
ISSUED:	November 1, 2014	EFFECTIVE:	December 1, 2014
	Date		Date
BY:	Josh Angove	Manager	Ellsworth, Iowa 50075
	Name	Title	Address

ERATES (Continued)  RATES (Continued)  PAY TELEPHONE SERVICE a. PAY CENTRAL OFFICE ACCESS LINE			REDACTE Cooperative e Association	SERVIC	CES CATALO  Cancels	C INSPEC OG Revised	Sheet No Sheet No	
2. PAY TELEPHONE SERVICE a. PAY CENTRAL OFFICE ACCESS LINE	Filed	with	Board	LOCAL EXC	- CHANGE SE	RVICE	_	
2. PAY TELEPHONE SERVICE a. PAY CENTRAL OFFICE ACCESS LINE	B. I	RAT	ES (Continued)					•
1. Mileage rates may apply for central office access lines for individual services furnished outside the base rate area.  D. EXCHANGE SERVICE AREA  1. The Base Rate Area is the city limits of Garden City, Iowa.  2. The Exchange Service Area, outside the Base Rate Area, is shown on a map available in this office for inspection and on file with the Iowa Utilities Board.  3. Pay Telephone Service rate is applied only when special line treatment is required for FLEX ANI. Flexible ANI provides "II" (identification indicator) digits that identify the class of service of the phone you are calling from. ANI is the billed telephone aumber associated with the telephone and is the direct number from where you are calling from. When a special line treatment is not required, the Business Service rate will be applied.  *- Rates are available to customers at the Company's office, website or by mail.  ISSUED: November 1, 2014 EFFECTIVE: December 1, 2014 Date	2	2.		_	ESS LINE			
outside the base rate area.  D. EXCHANGE SERVICE AREA  1. The Base Rate Area is the city limits of Garden City, Iowa.  2. The Exchange Service Area, outside the Base Rate Area, is shown on a map available in this office for inspection and on file with the Iowa Utilities Board.  3. Pay Telephone Service rate is applied only when special line treatment is required for FLEX ANI. Flexible ANI provides "II" (identification indicator) digits that identify the class of service of the phone you are calling from. ANI is the billed telephone number associated with the telephone and is the direct number from where you are calling from. When a special line treatment is not required, the Business Service rate will be applied.  *- Rates are available to customers at the Company's office, website or by mail.  ISSUED: November 1, 2014 EFFECTIVE: December 1, 2014 Date	C. (	CON	DITIONS					
1. The Base Rate Area is the city limits of Garden City, lowa.  2. The Exchange Service Area, outside the Base Rate Area, is shown on a map available in this office for inspection and on file with the lowa Utilities Board.  3. Pay Telephone Service rate is applied only when special line treatment is required for FLEX ANI. Flexible ANI provides "II" (identification indicator) digits that identify the class of service of the phone you are calling from. ANI is the billed telephone number associated with the telephone and is the direct number from where you are calling from. When a special line treatment is not required, the Business Service rate will be applied.  *- Rates are available to customers at the Company's office, website or by mail.  ISSUED: November 1, 2014 EFFECTIVE: December 1, 2014  Date Date		1.			l office acce	ess lines for inc	dividual service	s furnished
2. The Exchange Service Area, outside the Base Rate Area, is shown on a map available in this office for inspection and on file with the lowa Utilities Board.  3. Pay Telephone Service rate is applied only when special line treatment is required for FLEX ANI. Flexible ANI provides "II" (identification indicator) digits that identify the class of service of the phone you are calling from. ANI is the billed telephone number associated with the telephone and is the direct number from where you are calling from. When a special line treatment is not required, the Business Service rate will be applied.  *- Rates are available to customers at the Company's office, website or by mail.  ISSUED: November 1, 2014 EFFECTIVE: December 1, 2014  Date Date	D. I	EXC	HANGE SERVICE ARE	EA.				
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Title

Address

Name

Page 1 of 1

SAC: 351157 State: IA

Ellsworth Coop Assn

Response to Line 3010 – Milestone Certification (47 CFR §54.313(f)(1)(i))

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reasonable request broadband service at actual speeds of at least 4 Mbps downstream/1 Mbps upstream, and currently, it is taking reasonable steps to provide upon reasonable request actual speeds of at least 10 Mbps downstream/1 Mbps upstream broadband service at with latency suitable for real-time applications, including Voice over Internet Protocol, and usage capacity that is reasonably comparable to comparable offerings in urban areas as determined in an annual survey, and that requests for such service are met within a reasonable amount of time.

According to the Paperwork Reduction Act of 1995, an agend OMB control number for this information collection is 0572-03. The tin searching existing data sources, gathering and maintaining the data needs. **USDA-RUS** This data will be used by RUS to review your financial situation. Your response is required by 7 U.S.C. 901 et seq. and, subject to federal laws and regulations regarding confidential information, will be treated as confidential. BORROWER NAME **OPERATING REPORT FOR** Ellsworth Cooperative Telephone Association **TELECOMMUNICATIONS BORROWERS** BORROWER DESIGNATION INSTRUCTIONS-Submit report to RUS within 30 days after close of the period. PERIOD ENDING For detailed instructions, see RUS Bulletin 1744-2. Report in whole dollars only. December, 2015 IA0597 **CERTIFICATION** We hereby certify that the entries in this report are in accordance with the accounts and other records of the system and reflect the status of the system to the best of our knowledge and belief. ALL INSURANCE REQUIRED BY 7 CFR PART 1788, CHAPTER XVII, RUS, WAS IN FORCE DURING THE REPORTING PERIOD AND RENEWALS HAVE BEEN OBTAINED FOR ALL POLICIES. DURING THE PERIOD COVERED BY THIS REPORT PURSUANT TO PART 1788 OF 7CFR CHAPTER XVII (Check one of the following)

(Check one of the following)

All of the obligations under the RUS loan documents have been fulfilled in all material respects.

DATE

(Check one of the following)

There has been a default in the fulfillment of the obligations under the RUS loan documents. Said default(s) is/are specifically described in the Telecom Operating Report

PART A. BALANCE SHEET

# USDAREDACTED - FOR PUBLICOINSPECTION IA0597 **OPERATING REPORT FOR TELECOMMUNICATIONS BORROWERS** PERIOD ENDING December, 2015 INSTRUCTIONS- See RUS Bulletin 1744-2 PART B. STATEMENTS OF INCOME AND RETAINED EARNINGS OR MARGINS ITEM **PRIOR YEAR** THIS YEAR

# OPERATING REPORT FOR TELECOMMUNICATIONS BORROWERS

BORROWER DESIGNATION

IA0597

PERIOD ENDED

December, 2015

INSTRUCT	INSTRUCTIONS - See ROS Bulletin 1744-2				
Part C. SUBSCRIBER (A	Part C. SUBSCRIBER (ACCESS LINE), ROUTE MILE, & HIGH SPEED DATA INFORMATION				
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USDA-RUS

# OPERATING REPORT FOR TELECOMMUNICATIONS BORROWERS

BORROWER DESIGNATION

IA0597

PERIOD ENDED

December, 2015

INSTRUCTIONS - See RUS Bulletin 1744-2

Part C. SUBSCRIBER (ACCESS LINE), ROUTE MILE, & HIGH SPEED DATA INFORMATION			
4. BROADBAND SERVICE			
Details on Least Expensive Broadband Service			

REDACTED - FOR PUBLIC INSPECTION					
				PERIOD ENDING	
	TELECOMMUNICATIONS BORROWERS				
INSTRUCTIONS- See RUS Bulle	STRUCTIONS- See RUS Bulletin 1744-2				
PART D. SYSTEM DATA			/I DATA		
1. No. Plant Employees	2. No. Other Employees	3. Square Miles Served	91	Access Lines per Square Mile	5. Subscribers per Route Mile 6.53 1.43
		PART E. TOLL I	DATA		
Study Area ID Code(s)	2. T	ypes of Toll Settlements (Check one	e)		
	a. 351157		Interstate:	Average Schedule	Cost Basis
	b. c.		Intrastate:	Average Schedule	Cost Basis
	d. e.				
	f.				
	g				
	h. i.				
	j				

Page 5 of 6

# USDA-FREDACTED - FOR PUBLIC INSPECTION OPERATING REPORT FOR **TELECOMMUNICATIONS BORROWERS** PERIOD ENDING December, 2015 PART H. CURRENT DEPRECIATION RATES Are corporation's depreciation rates approved by the regulatory authority with jurisdiction over the provision of telephone services? (Check one) YES Х NO

USDA-RUS

OPERATING REPORT FOR TELECOMMUNICATIONS BORROWERS

INSTRUCTIONS – See help in the online application.

BORROWER DESIGNATION

IA0597

PERIOD ENDED

December, 2015

**Revision Date 2010** 

# **ELLSWORTH COOPERATIVE TELEPHONE ASSOCIATION**

# NOTES TO THE OPERATING REPORT FOR TELECOMMUNICATIONS BORROWERS

# PART I - STATEMENT OF CASH FLOWS



REDACTED - FOR P	LIBLIC INSPECTION
USDA-RUS	BORROWER DESIGNATION
OPERATING REPORT FOR TELECOMMUNICATIONS BORROWERS	IA0597
INSTRUCTIONS - See RUS Bulletin 1744-2	PERIOD ENDED December, 2015
CERTIFICATION LOAN DEFAULT NOTES TO THE OPERAT	TING REPORT FOR TELECOMMUNICATIONS BORROWERS

# **Operating Report Checks**

Borrower Name: Ellsworth Cooperative Telephone Association

Year: 2015

Borrower ID: IA0597

Period: December

Part C: Subscriber (Access Line), Route Mile, & High Speed Data Information

Type	Check Key	Description
Wa		

Report Run: 14:23:16 Mar 23, 2016 Page 1 of 1